	tive Dece	DETERM mber 8, 2	004	5/23	/	4	-	10	0/	673	5411	,
RCE CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTIT	/		OTH	ER THAN	1
TOTAL CLAIMS	1		100	OTH E	7	TYPE			OR		L ENTITY	
OR NUMBER F		RFILED	TLED NÚMBER EXTRA		1	BASIC F	_	\dashv		RATE		4
OTAL CHARGEABLE CLAIMS	CHARGEABLE CLAIMS minus 20=			57)	1	 	-	-00	OR	BASIC FI	300.00	4
NDEPENDENT CLAIMS		minus 3 =		2		X\$ 25			OR	X\$50=		J
MULTIPLE DEPENDENT CLAIM PRESENT			`	<u> </u>		X100=	<u> </u>		OR	X200=		1
				<u>LJ</u>	•	+180=	1		OR	+360=		7
If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		7	OR	TOTAL	790	100	
12.27 (Column 1)	MENDEC									OTHE	R THAN	1
CLAIMS REMAINING	:	(Column	ī	(Column 3)	l · r	SMALL	ENTIT		R	SMALL	ENTITY	1
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tal • Mi dependent • Mi	IPLE DEPEN	IDENT CLA	M column han 20	3. , enter "20."	X¹ +1	100= 80= 101AL		OR OR	+3	200= . 160=		

Application or Docket Number